

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4778

STATE FILE NUMBER

63-022419

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **ST LOUIS,**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** COUNTY

c. CITY
OR
TOWN **ST LOUIS,**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION **DOA CITY HOSPITAL #**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1319 SHENANDOAH

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

DAISIE

Middle

A.

Last

WILLIAMS

4. DATE OF DEATH

Month

Day

Year

APRIL 29, 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

ABOUT 1883

9. ABOUT (In day)

79

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MISSOURI

U.S.A.

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

NANCY H. MILLER

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

SORKIS WEBBE CIVIL COURT BLDG

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Old age

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

79 years Old

DUE TO (c)

794x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Sept 17** to **4/27/63** and last saw her alive on **4/27-63**

Death occurred at **3:20 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(In three or title)

Dr. Paul Chapman

22b. ADDRESS

3518 DODIER ST.

22c. DATE SIGNED

5-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

5/3/63

23c. NAME OF CEMETERY OR CREMATORY

WILLIMANN CEMETERY

23d. LOCATION (City, town, or county)

HERMANN MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

STROOT - CARROLL 4600 NATURAL BRIDGE 5-2-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Lead Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300 Rev. 4/59

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Chapman
3518 Dodier
fe 1-1-60

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 4863

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.